SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 12462 B

Assigned Inspector: Troy K

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☑ CA & OP $400.00: CP 4/20/26 Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☑ Modified Plot Plan Fees $100.00: MR 2-5-26 Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: MR 2/25/26 -relinq letter → ☑ Signature received: MR 4/16/26 -relinq letter received

☐ Floor plans reviewed MR 4/16/26 IP sent → AMD 4/16/26

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☑ Septic file complete: 6/17/26

☐ Release final hold in Winchester: _____

Comments: 2/5/26 Aleksandr Adzhigirey came by the office. Do not Release final Occupancy Hold until Remaining $400 paid. Thanks Sam → pd 4/20/26 CP

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/09/26	**Amount:**	250.00
Receipt #:	158531	**Tendered:**	250.00
Check / Auth #:	VISA 9233	**Returned:**	0.00
Received By:	ALVARJS		

Account Information

Account #: 200000
Contractor: ALEKSANDER ADZHIGIREY
Attn: 10636 CONNELL RD
Address: PID: 13908249
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	~~Improvment Permit App-Residen~~ 10636 CONNELL RD	1	250.00	250.00

Permit#

↳CA|OP credit

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/28/26
Receipt #: 161241
Check / Auth #: VISA 028094
Received By: PLACILJ

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ALEKSANDR ADZHIGIREY
Attn:
Address: 5411 MINEWOOD AV
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 10636 CONNELL RD	1	150.00	150.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/05/26
Receipt #: 159002
Check / Auth #: VISA 005642
Received By: RAMSEMA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: ADZHIGIREY ALEKSANDR
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0704	Change in Plot Plan LOT 1 10636 CONNELL RD	1	100.00	100.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

12462B/ Lot 4

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ☒ NEW SYSTEM ○ ALTERATION ○ REPAIR ☒ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ☒ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

5 FEB '26 PM12:15?

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 139-082-01-49
STREET ADDRESS: 10636 connell rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ☒ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☒ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 3,400
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ☒ NO	JURISDICTIONAL WETLANDS	○ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☒ NO
WASTE STORAGE	○ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: Aleksandr Adzhigirey
ADDRESS: 5411 Minewood Ave
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: 704-254-2293
MOBILE PHONE: 704-254-2293
FAX: _____
E-MAIL: PDXNC@HOTMAIL.COM

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 02/05/26

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202; OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

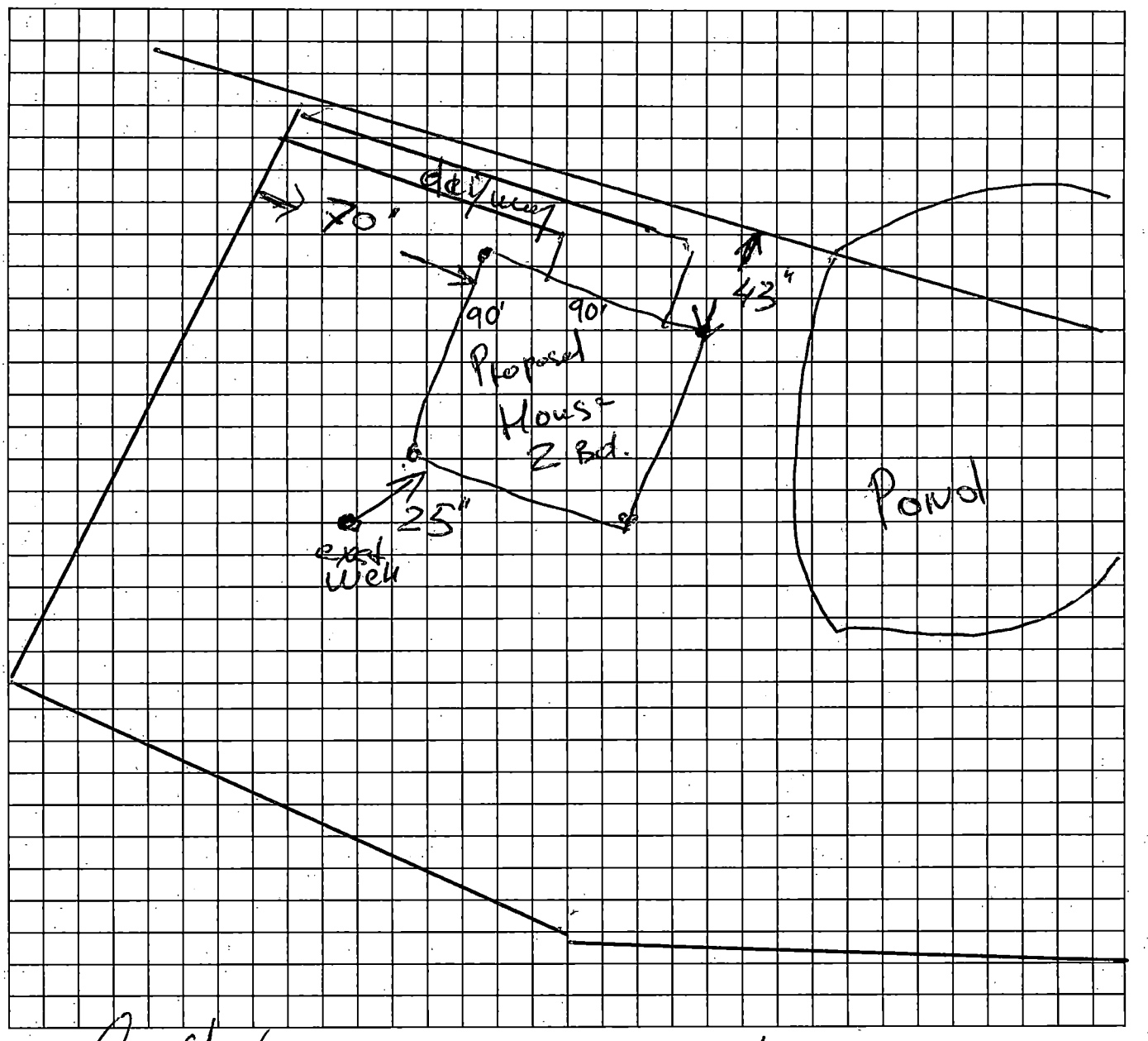
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10636 Cornell and Mint Hill Tax Parcel #: 139-082-49

Subdivision Name: _____ Lot #: _____



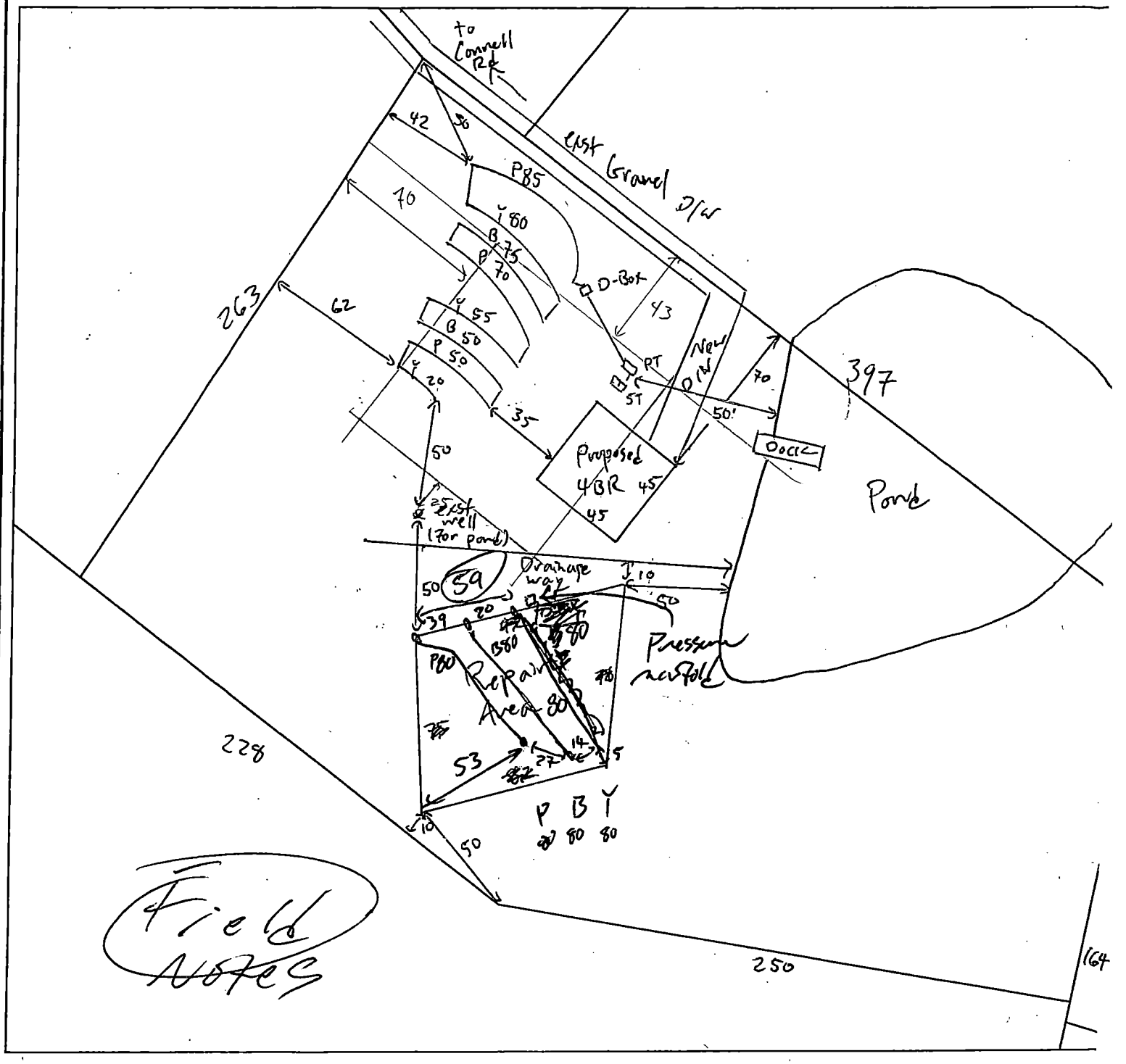
Property Owner's or Owner's Legal Representative Signature

02/05/26
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15242
PID #: 139-082-49
File #: 121578

Authorized Agent: Troy Kelley Date: 1/16/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016139** GWS File #: **12462B** Tax Parcel #: **139-082-49**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/20/2031

Type of Installation: Residential - Modified Plot Plan Lot Number: 4

Structure Type: HOUSE Size (ft^2): 3400 # Bedrooms: 2 Max. Occup.: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIb

Initial System Specifications:

Design Flow (gpd): 240 LTAR (gpd/ft^2): .25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 720 Total Trench Length (ft): 240

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Distribution Box

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 240 LTAR (gpd/ft^2): .25 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 8 Absorption Area (ft^2): 480 Total Trench Length (ft): 160

Maximum Trench Depth (in): 34 Depth of Media (in): 14 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 2/20/2026

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30016139** GWS File #: **12462B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- If gravity flow cannot be achieved, a Professional Engineer design WILL BE REQUIRED due to the system pumping downhill.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling

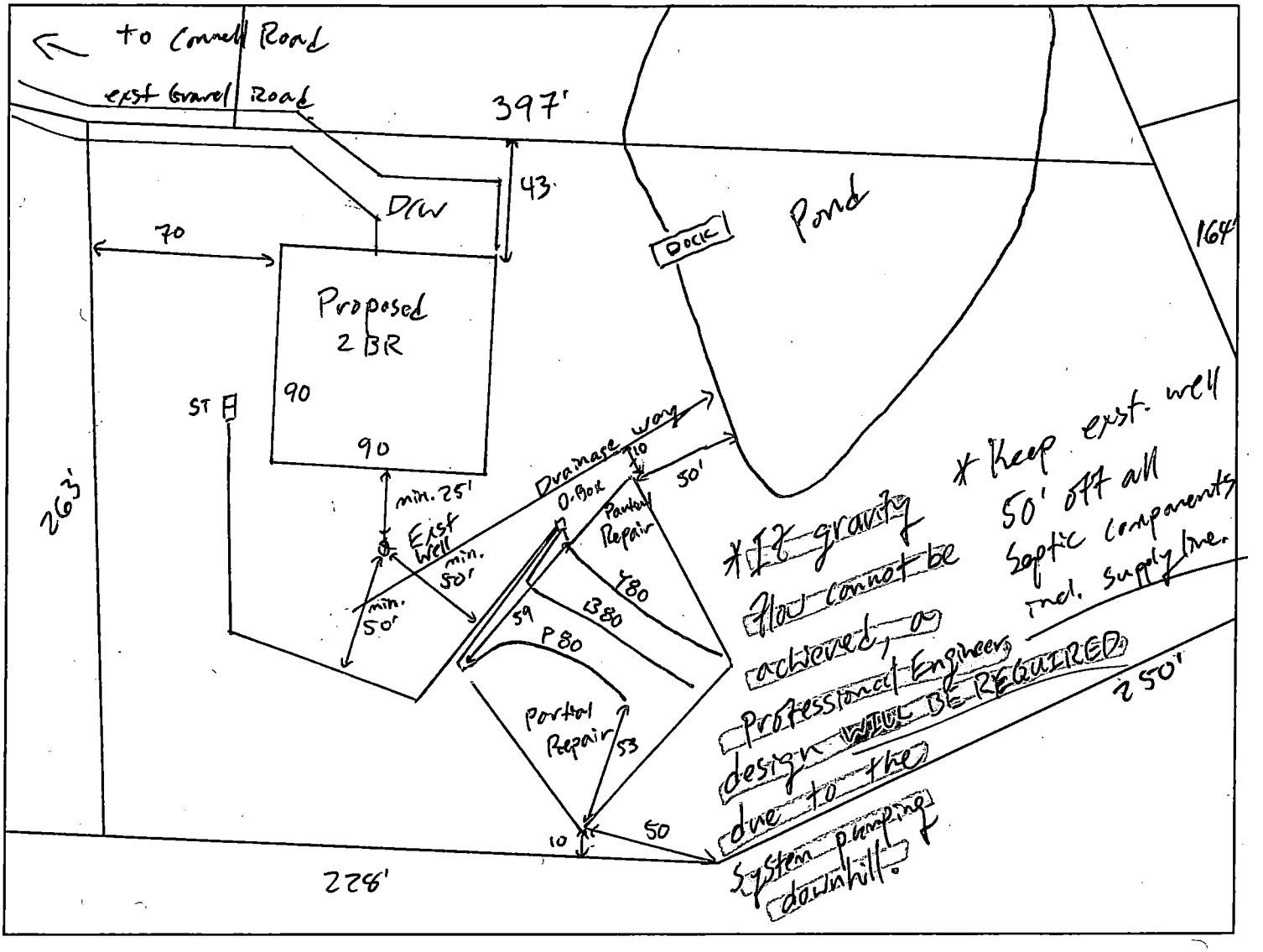
Signature: _____

Date Issued: 2/20/2026

Owner/Legal Agent: _____
Print Name

Signature: _____

Permitted Well Location Area(s) Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16139
PID #: 139-082-49
File #: 12462B

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

- 10' from property boundaries (unless otherwise noted)
- 25' from building perimeters, including any attached sturctures
- 50' from other potential source of contamination
- 50' from private lateral sewer lines
- 50' from surface water bodies
- 100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: Trey King Date: 2/20/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 feet

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016139 GWS File #: 12462B Tax Parcel #: 139-082-49

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 2/20/2031

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Structure Type: HOUSE Size (ft^2): 3400 # Bedrooms: 2 Max. Occup.: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIb

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	34	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS-H (gravity) **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	480	Total Trench Length (ft):	160
Maximum Trench Depth (in):	34	Depth of Media (in):	14	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling

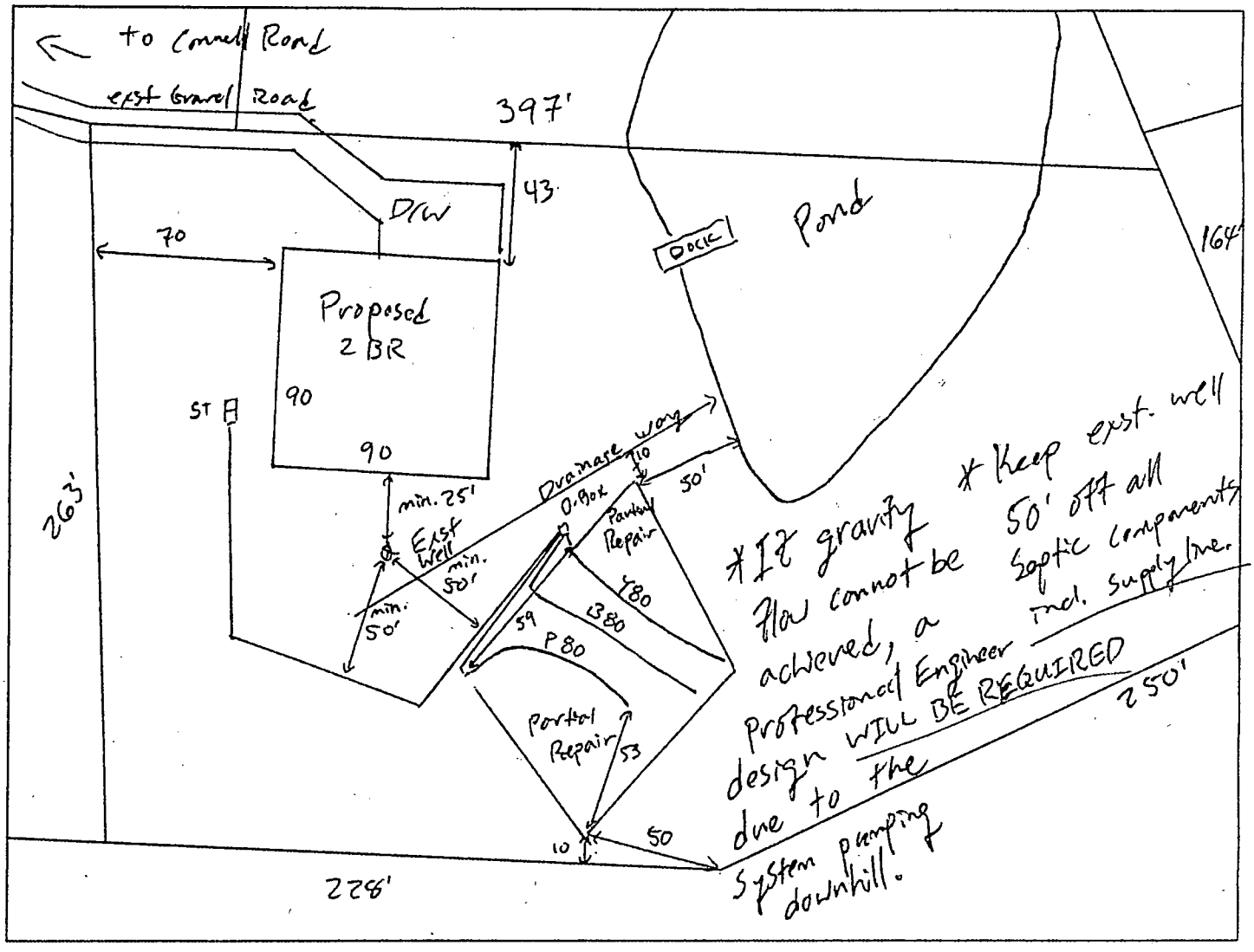
Signature: Troy Kling

Date Issued: 2/20/2026

Owner/Legal Agent: Aleksandr Adzhigirey
Print Name

Signature: Aleksandr Adzhigirey

Permitted Well Location Area(s) Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 16139
PID #: 139-082-49
File #: 12462B

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

- 10' from property boundaries (unless otherwise noted)
- 25' from building perimeters, including any attached sturctures
- 50' from other potential source of contamination
- 50' from private lateral sewer lines
- 50' from surface water bodies
- 100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: Tray Kling Date: 2/20/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 feet

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 12462B App# 16139 Tax Parcel# 139-082-49

Property Owner: Aleksandr Adzhigirey

Job Location Address: 10636 Connell Road

City: Mint Hill State: NC Zip Code: 28227

1. **Does System design match facility, flow & wastewater characteristics?**

   ☑ YES ☐ NO

   Comments:

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☑ YES ☐ NO

   Comments:

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☑ YES ☐ NO

   Comments: Drainage way to be filled in & replaced with drain pipe. ST moved to other side of drainage way (next to drainfield) and 10' off pipe. Bottom drainlines (blue & yellow) pushed ~5'-10' out for add'l room.

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Troy Kling — 6/11/26

Authorized Agent — Date

Tim Styron

Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 12462B Permit #: 16139 Tax Parcel #: 139-062-49

Property Owner: Aleksandr Adzhigirey

Job Location Address: 10636 Connell Rd

City: Mint Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Troy Kling Date: 6/16/26

Signature:

MECKLENBURG COUNTY
North Carolina
Public Health
Public

Mecklenburg County Public Health

aynard Washington, PhD, MPH
Health Director

February 20, 2026

Owner: Aleksandr Adzhigirey
5411 Minewood Avenue, Mint Hill, NC 28227
Subject: Voluntary Relinquishment of Administrative Appeal Rights

Permit ID: 30015242
File 12462B
Parcel ID: 139-082-49
Site Location: 10636 Connell Road, Mint Hill, NC 28227

I, Aleksandr Adzhigirey, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1/16/26 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

Aleksandr Adzhigirey
Signature of Property Owner

MECKLENBURG COUNTY
North Carolina
Public Health
Public

Mecklenburg County Public Health

aynard Washington, PhD, MPH
Health Director

February 20, 2026

Owner: Aleksandr Adzhigirey
5411 Minewood Avenue, Mint Hill, NC 28227
Subject: Voluntary Relinquishment of Administrative Appeal Rights

Permit ID: 30015242
File 12462B
Parcel ID: 139-082-49
Site Location: 10636 Connell Road, Mint Hill, NC 28227

I, Aleksandr Adzhigirey, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1/16/26 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

MECKLENBURG COUNTY
North Carolina
Public Health
Public

Mecklenburg County Public Health

aynard Washington, PhD, MPH
Health Director

February 20, 2026

Owner: Aleksandr Adzhigirey
5411 Minewood Avenue, Mint Hill, NC 28227
Subject: Voluntary Relinquishment of Administrative Appeal Rights

Permit ID: 30015242
File 12462B
Parcel ID: 139-082-49
Site Location: 10636 Connell Road, Mint Hill, NC 28227

I, Aleksandr Adzhigirey, voluntarily relinquish my rights to pursue a formal appeal through the Office of

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1/16/26 for a system located on the above site will be "revoked" immediately by the authorized agent/local health department.

_____

Signature of Property Owner

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☑ NEW SEPTIC ☐ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 12157B

Assigned Inspector: Patrick M / Troy K

☑ IP $250.00: mR 2-3-25 Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☒ Send IP permit for signature: _____ ☐ Signature received: _____

☒ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

12157 B / 15242

3 FEB '25 PM 9:06

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ● MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 13908201
STREET ADDRESS: 10628 B Connell rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: ____ LOT SIZE (acres): 3.69
TOWNSHIP: Proposed lot size 2.141 Acres
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ● MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER ____
HEATED SQUARE FOOTAGE: 2500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: ____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: ____

6. WATER SUPPLY: ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ● OTHER future Private Well + additional

7. PROPOSED USE OF WELL: ● N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER ____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☑ OTHER Reduction (Chamber)

8A. RANK: 1 ____ ____ ____ 2

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	● YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	● YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ○ NO
PLEASE LIST TICKET REFERENCE NUMBER: ____ VISIT BY DATE: ____

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ____ ☑ UNKNOWN

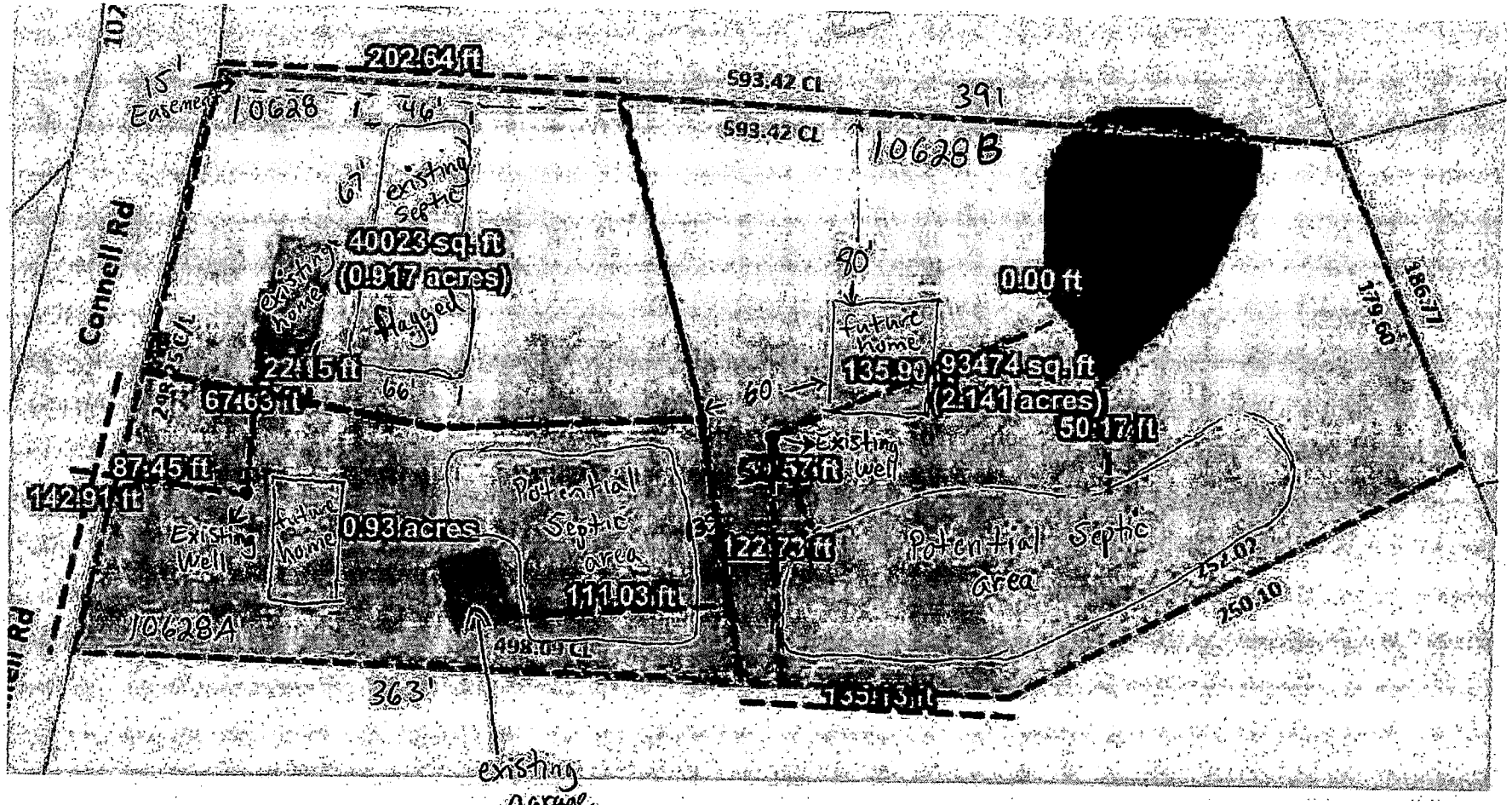
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2/28/2025 ☐ N/A

12. PROPERTY OWNER:
NAME: Tony Burroughs
ADDRESS: 10628 Connell Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: ____
MOBILE PHONE: ____
FAX: ____
E-MAIL: ____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
*Owner's Authorization form is required if legal representative is submitting application
NAME: Michael Haynes
ADDRESS: 8006 Glamorgan ln
CITY: Matthews
STATE: NC ZIP: 28227
WORK PHONE: 704-400-2509
MOBILE PHONE: 704-400-2509
FAX: ____
E-MAIL: Mike@Haynes homes NC, com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17



existing garage
Can be demoed if needed

14. SEPTIC SYSTEM PERMIT APPLICATION:

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

_____ (initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Michael L Haynes
Property Owner's or Owner's Legal Representative Signature

1/24/2025
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

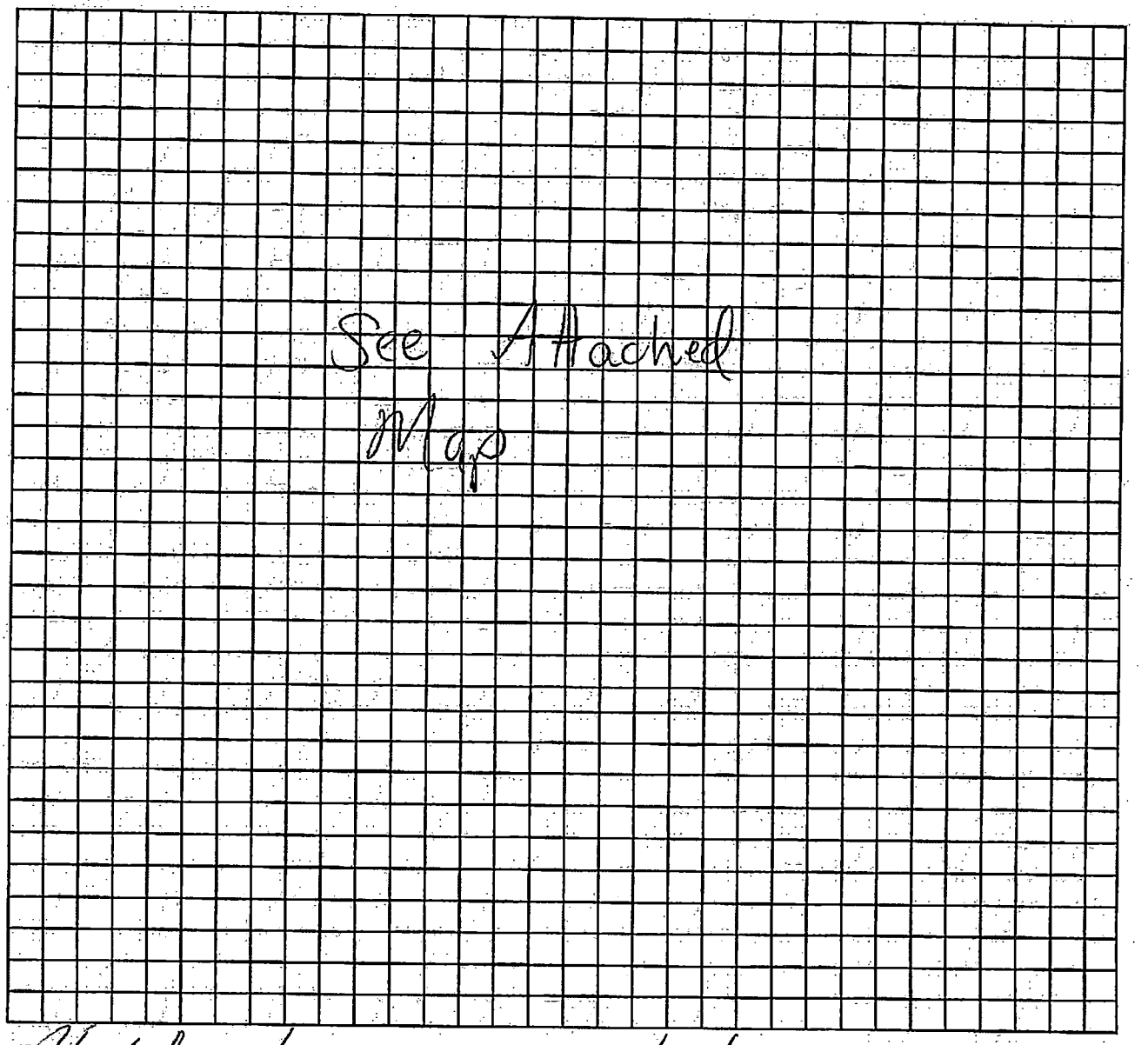
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10628 B Connell rd Mint Hill Tax Parcel #: 13908201

Subdivision Name: _____ Lot #: _____



[signature] 1/24/2025

Property Owner's or Owner's Legal Representative Signature — Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

DocuSign Envelope ID: F002C87E-92A6-4A13-A3F1-94732D347CA9

CERTIFICATION OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY DESCRIBED HEREON, WHICH PROPERTY IS LOCATED WITHIN THE PLANNING JURISDICTION OF THE TOWN OF MINT HILL, THAT I HEREBY FREELY ADOPT THIS PLAN OF SUBDIVISION AND DEDICATE TO PUBLIC USE ALL AREAS SHOWN ON THIS PLAT AS STREETS, ALLEYS, WALKS, PARKS, OPEN SPACE AND EASEMENTS, EXCEPT THOSE SPECIFICALLY INDICATED AS PRIVATE, AND THAT I WILL MAINTAIN ALL SUCH AREAS UNTIL THE OFFER OF DEDICATION IS ACCEPTED BY THE APPROPRIATE PUBLIC AUTHORITY. ALL PROPERTY SHOWN ON THIS PLAT AS DEDICATED FOR A PUBLIC USE SHALL BE DEEMED TO BE DEDICATED FOR ANY OTHER PUBLIC USE AUTHORIZED BY LAW WHEN SUCH OTHER USE IS APPROVED BY THE BOARD OF COMMISSIONERS IN THE PUBLIC INTEREST.

DATE 11/19/2025 OWNER(S) Signed by: Robert Haynes

MINT HILL PLANNING BOARD CERTIFICATE

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA

Signed by: Thomas N Cody

PLANNING BOARD CHAIRMAN 11/20/2025 DATE

REVIEW OFFICER CERTIFICATE

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I John Hoard REVIEW OFFICER OF MECKLENBURG COUNTY, N.C. CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

11/20/2025 DATE Signed by: John Hoard REVIEW OFFICER

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY SHOWN HEREON IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION. MAP 3710551300K DATED 2/19/14

LEGEND

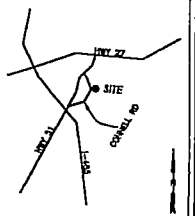
PT – POINT
FIR – FOUND IRON REBAR
SN – SET NAIL
FIP – FOUND IRON PIPE
SIR – SET IRON REBAR
PM – POWER METER
PP – POWER POLE
CB – CABLE BOX
OHPL – OVERHEAD POWER
EP – EDGE PAVEMENT
R/W – RIGHT-OF-WAY
HVAC – HEAT AIR UNIT
TB – TELEPHONE BOX
COV – COVERED
PTK – PROPANE TANK
C/L – CENTER LINE
ESMT – EASEMENT

SCALE:

0 50 100

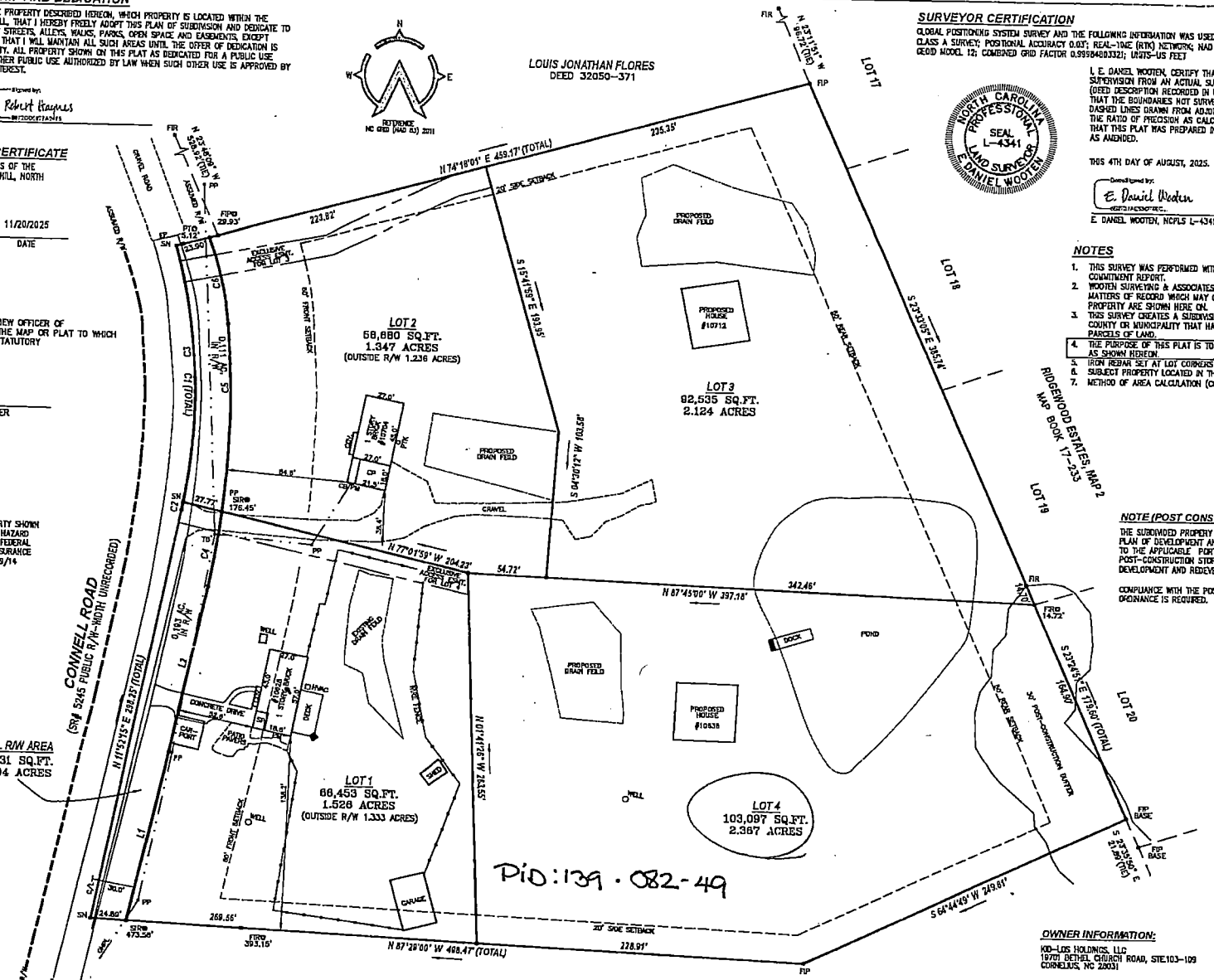
1 INCH = 50 FEET

VICINITY MAP NOT TO SCALE



NOTE:

THE PURPOSE OF THE FINAL PLAT IS TO INDICATE THE ENFORCEABLE RESTRICTIONS ON PROPERTY USAGE THAT RUN WITH THE LAND TO ENSURE THAT FUTURE DEVELOPMENT AND REDEVELOPMENT MAINTAINS THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS. THOSE RESTRICTIONS THAT SHOW UP ON THE RECORDED FINAL PLAT SHALL BE PICKED UP BY THE SURVEYOR AND SHOWN ON THE LOT SURVEY GIVEN TO PURCHASERS AT THE TIME OF CLOSING. IN THIS WAY, THE PROPERTY OWNER SHALL BE MADE AWARE OF THE RESTRICTIONS AND SHALL MAINTAIN THE SITE IN COMPLIANCE WITH ORDINANCE REQUIREMENTS.



LOUIS JONATHAN FLORES
DEED 32050–371

STEVEN T. PRICE &
DEBRA GAY BENNETT PRICE
DEED 5542–268
DEED 6755–292
DEED 12540–813

LINE	BEARING	DISTANCE
L1	N 15°34'29" E	123.54'
L2	N 12°28'23" E	121.78'

CURVE TABLE

CURVE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1 (TOTAL)	398.67'	188.83'	N 01°31'14" W	187.05'
C2	398.67'	5.67'	N 11°42'26" E	5.67'
C3	398.67'	183.18'	N 01°55'49" W	181.53'
C4	626.42'	54.12'	N 10°00'17" E	54.11'
C5	626.42'	134.17'	N 01°23'37" E	133.92'
C6	230.70'	61.92'	N 12°34'01" W	61.73'

SURVEYOR CERTIFICATION

GLOBAL POSITIONING SYSTEM SURVEY AND THE FOLLOWING INFORMATION WAS USED TO PERFORM THE GPS (GNSS) SURVEY. CLASS A SURVEY; POSITIONAL ACCURACY 0.03'; REAL-TIME (RTK) NETWORK; NAD 83 (2011), NAVD 88; NC VIRTUAL RTN; GEOID MODEL 12; COMBINED GRID FACTOR 0.99990480332; UNITS–US FEET

NORTH CAROLINA PROFESSIONAL SEAL L-4341 LAND SURVEYOR E. DANIEL WOOTEN

I, E. DANIEL WOOTEN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK AND PAGE AS SHOWN); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DASHED LINES DRAWN FROM ADJOINING OWNERS DEEDS AS SHOWN; THAT THE RATIO OF PRECISION AS CALCULATED DOES NOT EXCEED 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.

THIS 4TH DAY OF AUGUST, 2025.

Signed by: E. Daniel Wooten

E. DANIEL WOOTEN, NCPLS L-4341 11/19/2025

NOTES

1. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT.
2. WOOTEN SURVEYING & ASSOCIATES, PLLC DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HERE ON.
3. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
4. THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE INTO FOUR (4) TRACTS AS SHOWN HEREON.
5. IRON REBAR SET AT LOT CORNERS UNLESS OTHERWISE NOTED.
6. SUBJECT PROPERTY LOCATED IN THE YADKIN PC DISTRICT WATERSHED
7. METHOD OF AREA CALCULATION (COORDINATE GEOMETRY)

NOTE (POST CONSTRUCTION DEVELOPMENT)

THE SUBDIVIDED PROPERTY IS CONSIDERED A LARGER COMMON PLAN OF DEVELOPMENT AND THEREFORE WILL BE SUBJECT TO THE APPLICABLE PORTIONS OF THE TOWN OF MINT HILL POST-CONSTRUCTION STORM WATER ORDINANCE DURING DEVELOPMENT AND REDEVELOPMENT (INCLUDING EXPANSION)

COMPLIANCE WITH THE POST-CONSTRUCTION STORM WATER ORDINANCE IS REQUIRED.

TOTAL R/W AREA

13,231 SQ.FT.
0.304 ACRES

TOTAL AREA

320,765 SQ.FT.
7.364 ACRES

OWNER INFORMATION:

KID-LOS HOLDINGS, LLC
19701 BETHEL CHURCH ROAD, STE.103-109
CORNELIUS, NC 28031

ZONING INFORMATION:

ZONING – R
MINIMUM FRONT SETBACK: 60 FEET
MINIMUM SIDE YARD: 20 FEET
MINIMUM REAR YARD: 50 FEET
MINIMUM WIDTH: 140 FEET
MINIMUM AREA: 40,000 SQ.FT.
MINIMUM REAR YARD: 50 FEET
MAXIMUM HEIGHT: 35 FEET

WOOTEN SURVEYING & ASSOCIATES, PLLC
NC P–1862
119 SMITH CIRCLE
MATTHEWS, NC 28104
(980) 328–2977
DWOOTEN@WOOTENSURVEYING.COM
WWW.WOOTENSURVEYING.COM

MINOR RECORD PLAT OF THE

KID-LOS HOLDINGS, LLC, A NORTH CAROLINA LIMITED LIABILITY COMPANY

TOTAL AREA 7.364 ACRES

#10628, #10636, #10704, #10712 CONNELL ROAD
TOWN OF MINT HILL,
MECKLENBURG COUNTY, NORTH CAROLINA
DEED 39398-553
Tax Numbers: 139-092-12, 139-082-01

FIELD/DRAWN	#3464	ACAD	SCALE	DATE
EP/EP		10628CONNELLRD.DWG	1"=50'	AUGUST 4, 2025

Authentisign ID: 2E13F8CF-77DD-EF11-88F8-0022482996E6

MECKLENBURG COUNTY
North Carolina
Public Health

Mecklenburg County Public Health

Raynard Washington, PhD, MPH
Health Director

Addendum to Application for New Well or Septic System Installation Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

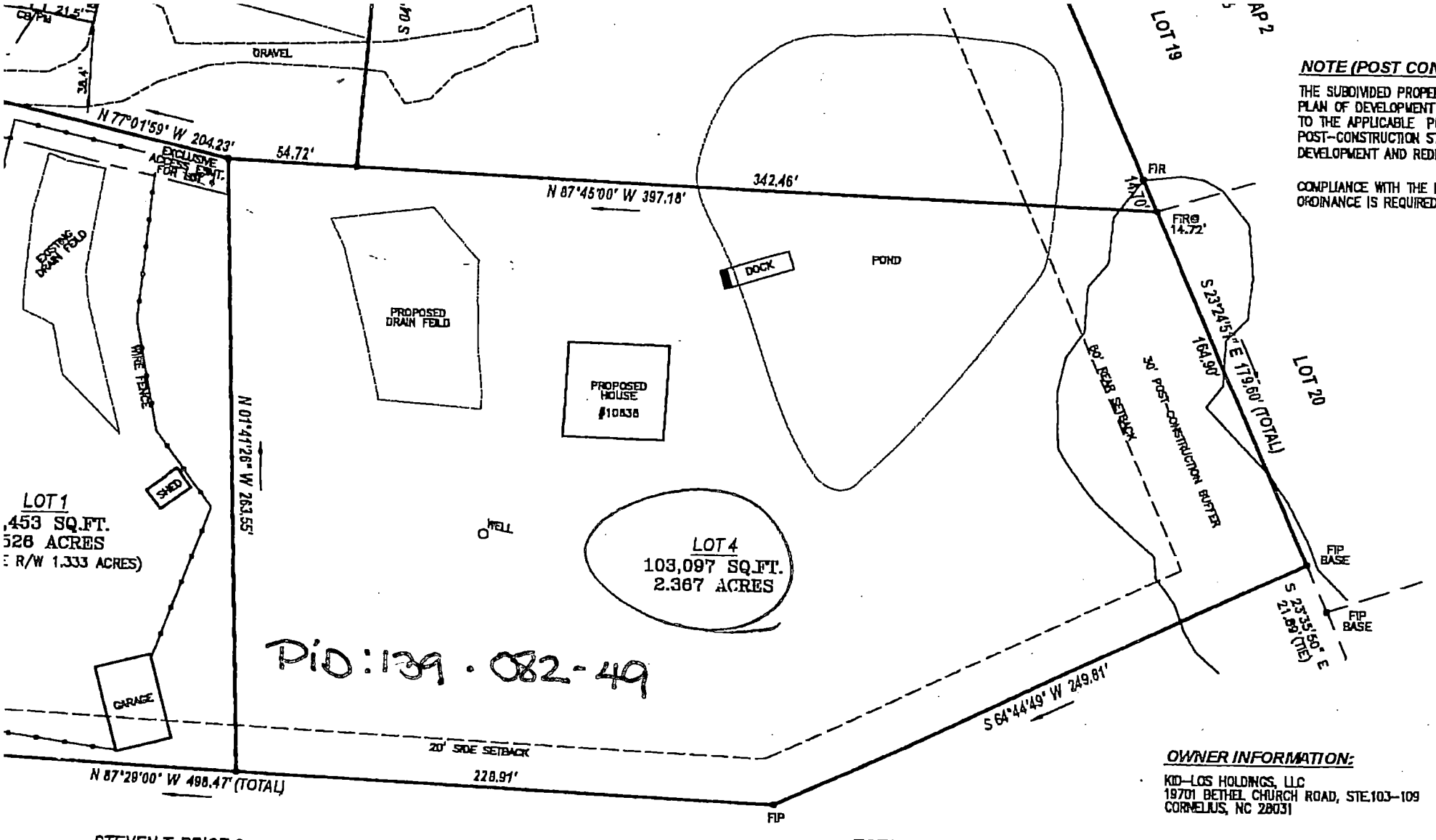
3. I acknowledge that Michael Haynes is acting as my legal representative(agent) in the submittal of the application for a water supply well or septic permit located at

10628 B	Connell rd	Mint Hill
Number	Street (Or Parcel Number)	Town

Tony Burroughs
Property Owner (Print Name)

Tony Burroughs
Property Owner (Signature)

01/29/25
Date



NOTE (POST CONSTRUCTIO

THE SUBDIVIDED PROPERY IS CONSIDE
PLAN OF DEVELOPMENT AND THEREFO
TO THE APPLICABLE PORTIONS OF TH
POST-CONSTRUCTION STORM WATER O
DEVELOPMENT AND REDEVELOPMENT (I

COMPLIANCE WITH THE POST-CONSTRU
ORDINANCE IS REQUIRED.

ZONING

ZONING –
MINIMUM FR
MINIMUM SI
MINIMUM RE
MINIMUM W
MINIMUM AR
MINIMUM RE
MAXIMUM H

OWNER INFORMATION:

KID-LOS HOLDINGS, LLC
19701 BETHEL CHURCH ROAD, STE.103-109
CORNELIUS, NC 28031

STEVEN T. PRICE &
DEBRA GAY BENNETT PRICE
DEED 5542-268
DEED 6755-292
DEED 12540-813

TOTAL AREA
320,765 SQ.FT.
7.364 ACRES

LINE	BEARING	DISTANCE
L1	N 13°34'29" E	123.54'
L2	N 12°28'23" E	121.78'

CURVE TABLE

CURVE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
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WOOTEN SURVEYING
& ASSOCIATES, PLLC
NC P-1862
119 SMITH CIRCLE
MATTHEWS, NC 28104
(980) 328-2977

MINOR RECORD PLAT OF

KID-LOS HOLDINGS, LLC, A
CAROLINA LIMITED LIABILITY

TOTAL AREA 7.364 ACRE

#10628, #10636, #10704, #10712 CONI

TOWN OF MINT HILL,
MECKLENBURG COUNTY, NORTH
DEED 39398-553
Tax Numbers: 139-092-12, 139-0

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/03/25	**Amount:**	250.00
Receipt #:	152756	**Tendered:**	250.00
Check / Auth #:	MC 61040Z	**Returned:**	0.00
Received By:	RAMSEMA		

Account Information

Account #: 200000
Contractor: PUCHYR THADDEUS J
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 10628B CONNELL RD	1	250.00	250.00

Permit#

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		507.50		3,317.50	

Department of Health and Human Services
Environmental Health Section
On-site Water Protection Branch

Property ID: 13908201 *to be cut*
Lot #:
File #: 12157B
AppID: 15242

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tony Burroughs
Applicant: Michael Haynes
Address: 10628B Connell Rd.
Date Evaluated: 2/18/2025
Proposed Facility: 4 BR SFR
Design Flow (.0400): 480 GPD
Property Size: 2.14 ac. *after cut*
Location of Site: See file
Property Recorded: After Jan. 1, 1983
Water Supply: [ ] Public [X] Single Family Well [ ] Spring [ ] Other:
Evaluation Method [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Domestic [ ] Industrial Process [ ] High Strength

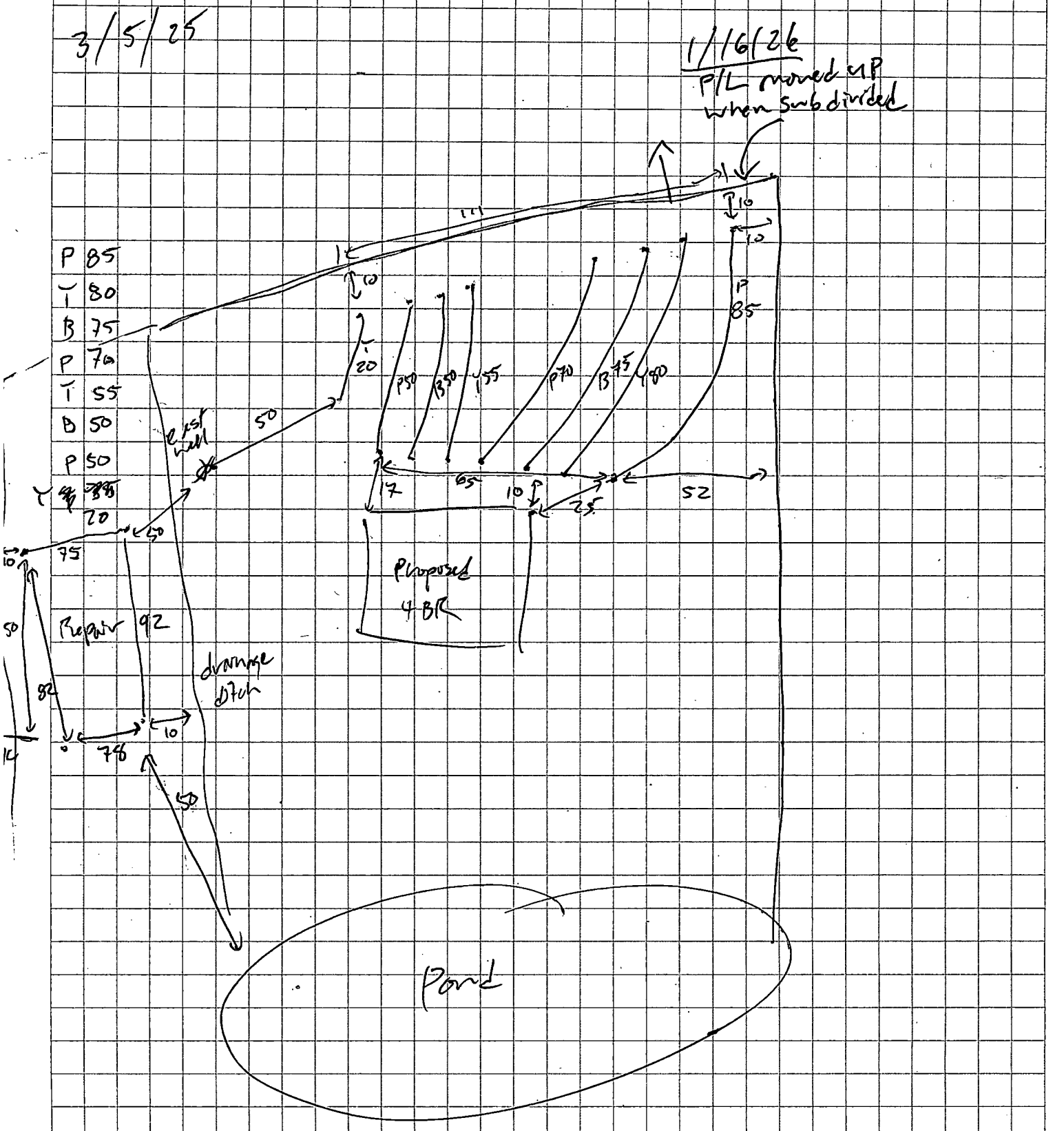
PROFILE #	.0502 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .0503 Structure/ Texture	SOIL MORPHOLOGY .0503 Consistence/ Mineralogy	PROFILE FACTORS Matrix Soil Color	PROFILE FACTORS .0504 Soil Wetness/ Color	PROFILE FACTORS .0505 Soil Depth (IN.)	PROFILE FACTORS .0506 Sapro Class	PROFILE FACTORS .0507 Restr Horiz	General Comments / Other	0.0509 Profile Class & LTAR	0.0502 Slope Correction *(Low Side of trench)*
1	HS ~2%	0 - 17	Wk, Sbk, C	Fr, S, P, SE	R	F-C: B Mn concen. @ 4"+ C: YB deplet. @ 30" +	≥49"	N/A	N/A	An upslope intercept drain will be required for this area due to LSP & lateral water movement.	S 0.25	- 1"
		17 - 32	Mo, Sbk, C	Fr, S, P	R							
		32 - 49	Wk, Sbk, C	Fi-Fr, S, P, SE	R							
2	FS of small NS ~3%	0 - 36	Mo-Wk, Sbk, C	Fr, S, P, SE	R	F: B Mn concen. @ 10-30" F: YB deplet. @ 30-38"	≥48"	N/A	N/A	Upslope intercept drain required. F: Sap. inclus. @ 36-48"	S 0.25	- 1"
		36 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
3	N ~3%	0 - 36	Mo, Sbk, C	Fr, S, P, SE	R	N/A	≥49"	N/A	N/A	F: Sap. inclus. @ 40"+	S 0.30	- 1"
		36 - 49	Wk, Sbk, C	Fr, SS, SP	R							
4	L ~4%	0 - 27	Mo, Sbk, C	Fr, S, P, SE	R	F-C: B Mn concen. @ 26"+ F: YB deplet. @ 36" +	≥48"	N/A	N/A	Upslope intercept drain required.	S 0.25	- 2"
		27 - 40	Wk, Sbk, C	Fr, S, P	R							
		40 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
5	L / HS ~3%	0 - 3	Wk, Sbk, CL	Fr, SS, SP	RB	F: B & YB mottles @ 6-22"	≥48"	N/A	N/A	Modify exist. ditch system or install new drainage upslope. F: Sap. inclus.@ 42"+	S 0.25	- 1"
		3 - 35	Mo, Sbk, C	Fr, S, P, SE	R							
		35 - 48	Wk, Sbk, CL	Fr, SS, SP	R							
6	HS ~3%	0 - 3	Wk, Sbk, CL	Fr, SS, SP	RB	F-C: B Mn concen. @ 5-30"	≥48"	N/A	N/A	Modify exist. ditch system or install new drainage upslope. F: Sap. inclus.@ 38"+	S 0.25	- 1"
		3 - 38	Mo, Sbk, C	Fr, S, P, SE	R							
		38 - 48	Wk, Sbk, CL	Fr, SS, SP	R							

Description	Initial System	Repair System
Available Space (.0508)	S	S
System Type(s)	IM	IM
Site LTAR	0.25	0.25
Maximum Trench Depth (low side of trench)	34"	34"

Soil Evaluation By: P. Mitchell, REHS, LSS
Soil Classification (.0502 - .0507): S
Other(s) Present:
Site Classification (.0509): S

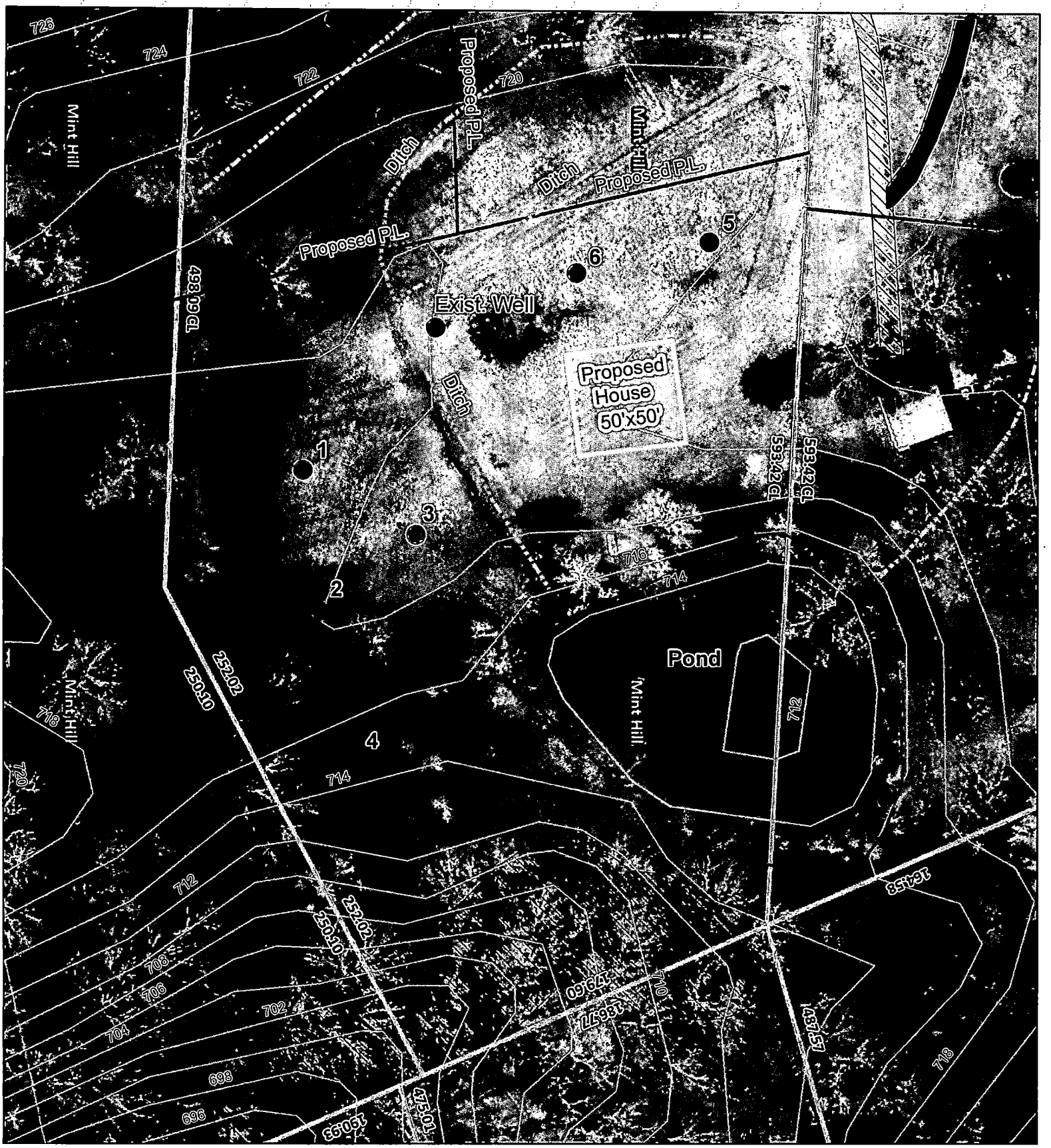
COMMENTS: Area for soil borings #1 - 4 will require an upslope interceptor drain to be installed. Area for soil borings #5 & 6 will require the existing upslope diversion ditch system to be modified or a new upslope drainage system to be installed.

3/5/25



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Soil & Site Evaluation Map



Map Created by: P. Mitchell
Date: 2/18/2025

PROPERTY INFO
Address: 10628-B Connell Rd.
PID No.: Prior to subdivide - 13908201

1 inch = 60 feet

Mecklenburg County
Groundwater & Wastewater Services

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015242** GWS File #: **12157B** Tax Parcel #: **139-082-01**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 1/16/2031

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2500 # Bedrooms: 4 Max. Occup.: 8

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	34	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1440	Total Trench Length (ft):	480
Maximum Trench Depth (in):	34	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 1/16/2026

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30015242** GWS File #: **12157B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling

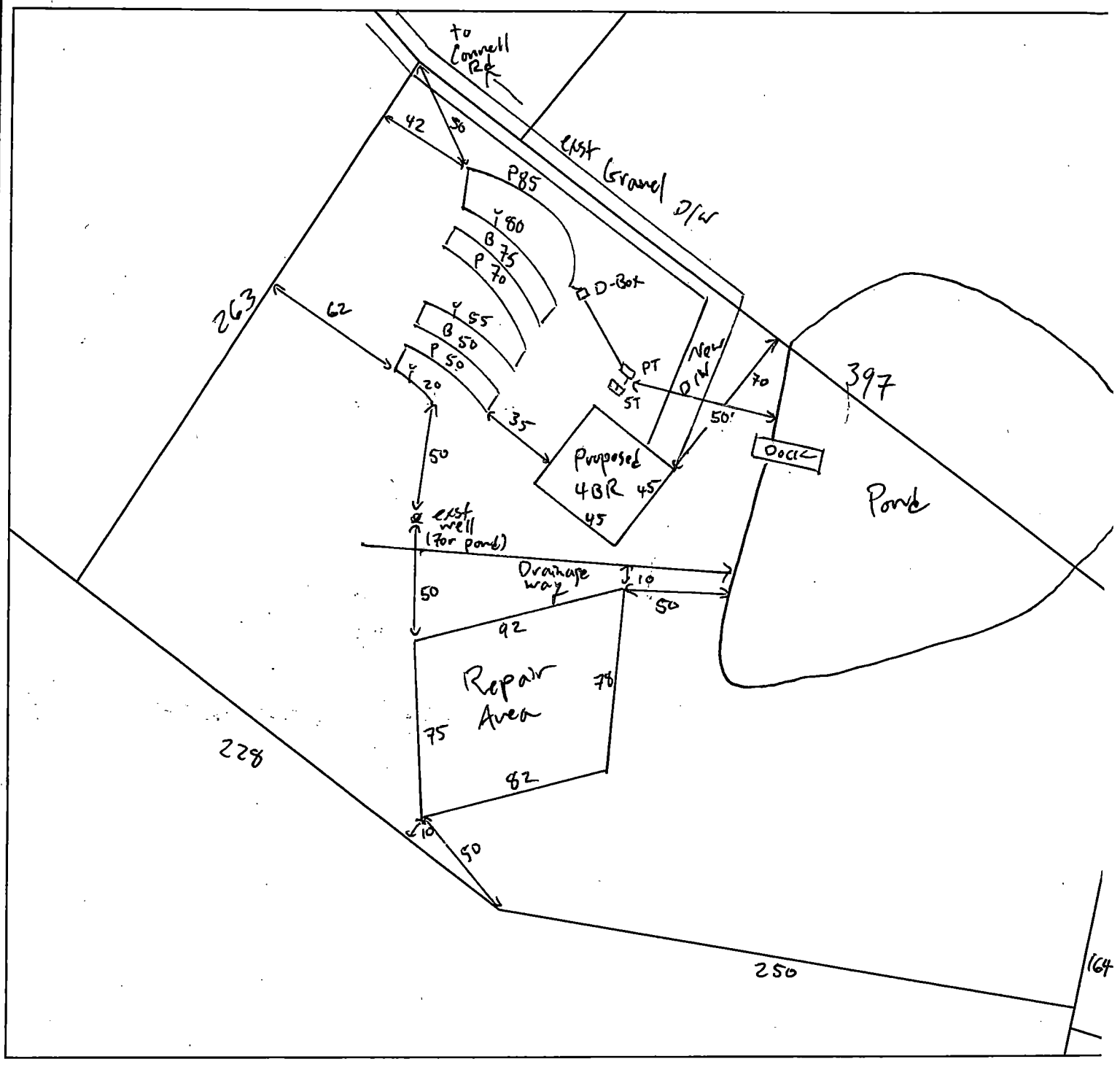
Signature: _____

Date Issued: 1/16/2026

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15242
PID #: 139-082-49
File #: 12157B

Authorized Agent: Troy King Date: 1/16/26

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30016139 GWS File #: 12462B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- All components of the septic system must be located a minimum distance from the normal pool elevation or mean high water mark for the nearby body of water. See plot plan for minimum setback requirements.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- If gravity flow cannot be achieved, a Professional Engineer design WILL BE REQUIRED due to the system pumping downhill.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Troy Kling

Signature: _____

Date Issued: 2/20/2026

Owner/Legal Agent: Aleksandr Adzhigirey
Print Name

Signature: Aleksandr Adzhigirey

On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 12462B Permit #: 16139 Tax Parcel #: 139-082-49

Property Owner: Aleksandr Abzhigirey

Job Location Address: 10636 Connell Rd

City: Mt Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 6/16/26 Contractor Name: Tim Styron

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: ✓ gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Sheaff STB 760 Effluent Pump Model: ✓

Drainfield Installation ☐ N/A

Trench Depth: 34 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 240 feet

# of Lines: 3 @ 80 feet

Depth of Media: 12 inches (Type) 25% rock chambers

Depth of Cover: 6+ inches

Distribution Device: D-box

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

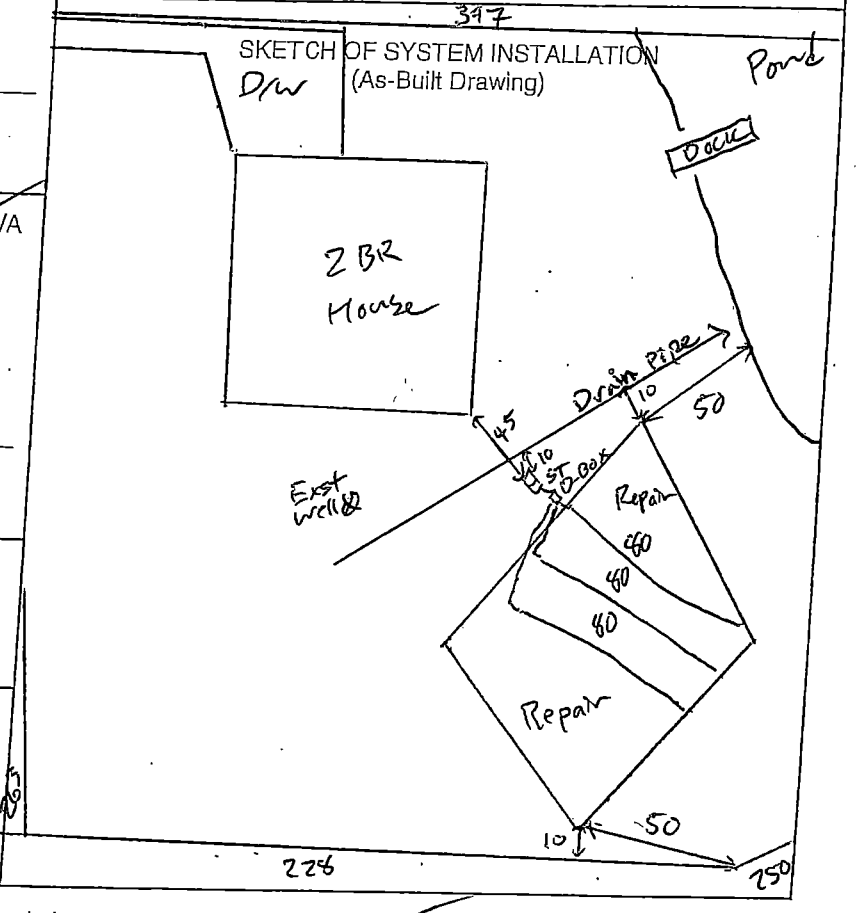
Inspection Dates

Tank(s) Inspected: 6/12/26

Excavation Inspected: 6/12/26 6/15/26

Pump & Controls Inspected: ✓

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: II b

ENR Authorized Agent: Troy King Signature: Troy King